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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/473,662 ✓	
	Filing Date	12/29/99 ✓	
	First Named Inventor	William Risen	
	Group Art Unit	3625	
	Examiner Name	Rosen, N.	
Total Number of Pages in This Submission	16	Attorney Docket Number	Risen - 01 - C1

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <i>No fee required</i> <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Diane F. Covello Reg. # 34,164
Signature	<i>Diane F. Covello</i>
Date	Jan. 9, 2003

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GROUP 3600

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the Assistant Commissioner for Patents, Washington, DC 20231, at Fax # 703-305-1627 on this date January 9, 2003	
Typed or printed name	Diane F. Covello
Signature	<i>Diane F. Covello</i>
Date	1-9-03

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Date 1/9/03

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TO: Assistant Commissioner
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Washington, DC

RE: U.S. Application No.
09/473,662 filed 12/29/99

Phone

Fax Phone 703-305-7687

FROM: Diane Covello 

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REMARKS: ☐ Urgent ☐ For your review ☐ Reply ASAP ☐ Please Comment

See attached Amendment.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of William Risen et al.

Serial No. 09/473,662

Examiner: Rosen, N.

Filing Date: 12/29/99

Group Art Unit: 3625

For: Method of Protecting Against a Change in Value of Intellectual Property, and
Product Providing Such Protection

Assistant Commissioner for Patents
Washington, DC 20231

BOX Non-Fee Amendment

Sir:

AMENDMENT

In response to the Office Action dated October 9, 2002, please amend the above-referenced application as follows:

IN THE SPECIFICATION:

Please revise page 15, line 22 by changing "this" to --the '620--. A replacement page 15 is attached. A marked up version of original page 15 is included in Appendix 1.

IN THE CLAIMS:

Please amend claims 1 and 22 by substituting the attached sheets of pending claims for the prior pending claims. A marked up version of the claims is included in Appendix 1.

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